

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 091464-767	<small>FILING DATE</small> 12/16/99
							<small>APPLICANT(S)</small> 6/30/04	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3	1							
4	1							
5		1						
6		1						
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12	1							
13		1						
14	1							
15		1						
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17		1						
18		5						
19		1						
20		1						
21	1							
22		1						
23		2						
24	1							
25			1					
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48			1					
49			1					
50				1				
TOTAL IND.	7							
TOTAL DEP.		22						
TOTAL CLAIMS	29							
51		1						
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100								
TOTAL IND.		1						
TOTAL DEP.								
TOTAL CLAIMS		1						